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- (1) Assessment of the client;
  - (2) Participation in development of the client's service plan;
  - (3) Referrals, linkage, and coordination of Medicaid and non-Medicaid services;
  - (4) Advocacy;
  - (5) Monitoring;
  - (6) Reassessment and follow-up;
  - (7) Establishment and maintenance of case record; and
  - (8) Crisis assistance planning.

E. Qualifications of Providers:

Provider participation shall be limited to the fourteen Regional Mental Health Mental Retardation Centers licensed in accordance with state regulations.

Qualifications of Case Managers and Supervision Requirements

- (1) Case management qualifications. Each case manager shall be required to meet the following minimum requirements:
  - (a) Have a Bachelor of Arts or Bachelor of Science degree in any of the behavioral sciences, from an accredited institution; and
  - (b) Have one (1) year of experience in performing case management or working with the chronically mentally ill (except that a master's degree in a human services field may be substituted for the one (1) year of experience); and
  - (c) Have completed a case management certification program (within six (6) months) offered or approved by the Department for Mental Health and Mental Retardation Services; and

- (d) Have supervision by a mental health professional (psychiatrist, psychologist, master's degree social worker, psychiatric nurse, or professional equivalent as determined by the cabinet) for a minimum of one (1) year.
  - (2) Case manager supervision requirement. For one year, each case manager shall have supervision performed at least once a month, both individually (per case plan) and in group (resource development).
- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
- (1) Eligible recipients will have free choice of the providers of case management services.
  - (2) Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

**Targeted Case Management Services for children birth to 3 Participating in the Kentucky Early Intervention Program**

- A. Target Groups: By invoking the exception to comparability allowed by 1915(g)(1) of the Social Security Act, this service will be reimbursed when provided to persons who are:
1. Children birth to three years of age who have developmental disabilities and who meet the eligibility criteria of and are participants in the Kentucky Early Intervention Program.

The individuals in the target groups may not be receiving case management services under an approved waiver program.

- B. Areas of State in which services will be provided:

☒ Entire State

☐ Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provided services less than statewide:

- C. Comparability of Services

☐ Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

- D. Definition of Services: Case management is a service which allows providers to assist eligible individuals in gaining access to needed medical, social, educational, and other services. Consistent with the requirements of Section 1902(a)(23) of the Act, the providers will monitor client treatment to assure that clients receive services to which they are referred.

Case management is an active, ongoing process that involves activities carried out by a case manager to assist and enable a child eligible for services under the Kentucky Early Intervention Program in gaining access to needed medical, social, educational and other services. There are two parts to case management: Initial Service Coordination and Primary Service Coordination. Initial Service Coordination assists the child and child's family, as it relates to the child's needs, from the notice of referral through the initial development of the child's needs-identified Individualized Family Services Plan (IFSP). Primary Service Coordination assists the child and child's family, as it relates to the child's needs, with on-going service coordination, for the child, provided by the individual service coordinator selected at the time the IFSP is finalized. A child would only have one service coordinator at a time.

These activities include:

- (1) Assessment of child's medical, social and functional status and identification of service needs;
- (2) Initial service coordination from notice of referral through initial IFSP development;
- (3) Assuring that all procedural safeguards are met during intake and IFSP development;
- (4) Arranging for and coordinating the development of the child's IFSP;
- (5) Arranging for the delivery of the needed services as identified in the IFSP;
- (6) Assisting the child and his family, as it relates to the child's needs, in accessing needed services for the child and coordinating services with other programs;
- (7) Monitoring the child's progress by making referrals, tracking the child's appointments, performing follow-up on services rendered, and performing periodic reassessments of the child's changing service needs;
- (8) Performing activities to enable an eligible individual to gain access to needed services;
- (9) Obtaining, preparing and maintaining case records documenting contacts, services needed, reports, the child's progress, etc.;
- (10) Providing case consultation (i.e., with the service providers/collaterals in determining child's status and progress);

- (11) Performing crisis assistance (i.e., intervention on behalf of the child, making arrangements for emergency referrals, and coordinating other needed emergency services); and
- (12) Facilitating and coordinating development of the child's transition plan.

E. Qualifications of Providers:

As provided for in Section 1915(g)(1) of the Social Security Act, qualified providers shall be the Title V agency, the Department for Mental Health and Mental Retardation Services, and their subcontractors who meet the following Medicaid criteria in order to ensure that case managers for the children with developmental disabilities target group are capable of ensuring that such individuals receive needed services:

- 1. Demonstrated capacity to provide all core elements of case management including:
  - a) assessment;
  - b) care/services plan development;
  - c) linking/coordination of services; and
  - d) reassessment/follow-up.
- 2. Demonstrated case management experience in coordinating and linking such community resources as required by the target population;
- 3. Demonstrated experience with the target population;
- 4. An administrative capacity to insure quality of services in accordance with state and federal requirements; and
- 5. A financial management system that provides documentation of services and costs.

## Qualifications of Case Manager (only the following can be case managers)

Each case manager must be a Kentucky Early Intervention Program certified service provider, and:

- A. Have a Bachelor's degree; and
  - (1) 2 years experience in service coordination for children with disabilities up to age 18; or
  - (2) 2 years experience in service provision to children under six years of age; or
- B. Meet one of the following professional criteria:
  - 1. Audiologist - Licensed or Certified,
  - 2. Family Therapist - M.A. and Certified,
  - 3. Developmental Interventionist - Certified or working toward an Interdisciplinary Early Childhood Certificate as demonstrated by implementing a professional development plan approved by the Cabinet for Health Services,
  - 4. Developmental Associate,
  - 5. Registered Nurse,
  - 6. Advanced Registered Nurse Practitioner,
  - 7. Dietitian - Licensed,
  - 8. Occupational Therapist - Licensed,
  - 9. Occupational Therapist Assistant - B.S. and Licensed,
  - 10. Orientation and Mobility Specialist - Certified,
  - 11. Physical Therapist - Licensed,
  - 12. Psychologist - Licensed or Certified,
  - 13. Speech Language Pathologist - Licensed or Certified,
  - 14. Speech Language Assistance - Licensed,
  - 15. Social worker - Licensed,
  - 16. Physician, Licensed,
  - 17. Nutritionist, Licensed

- F. The State assures that the provision of case management services will not unlawfully restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
- (1) Eligible recipients will have free choice of the available providers of case management services.
  - (2) Eligible recipients will have free choice of the available providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purpose.